

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PBF	70385	
O.I.P.E. CLASSIFIER	LW		3/8
FORMALITY REVIEW		11010	3/18/00
RESPONSE FORMALITY REVIEW		71090	(03/10/00)

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal!  
 O ..... Objected!

Claim	Date
Final	
Original	3/23/2000
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	N
16	N
17	✓
18	N
19	N
20	✓
21	
22	N
23	N
24	N
25	
26	
27	
28	
29	
30	
31	
32	N
33	N
34	N
35	N
36	N
37	N
38	N
39	N
40	N
41	N
42	N
43	N
44	N
45	N
46	N
47	N
48	N
49	N
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Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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